

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 242629US2S CONT
		First Inventor or Application Identifier Tooru TAKAHASHI
		Title DIAGNOSTIC X-RAY SYSTEM

PTO



<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>		Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		<b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>7. <input checked="" type="checkbox"/> Assignment Papers (cvr sht &amp; doc(s)) (3)</li> <li>8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</li> <li>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <i>(when there is an assignee)</i></li> <li>10. <input checked="" type="checkbox"/> Statement of Relevancy</li> <li>11. <input checked="" type="checkbox"/> Information Disclosure</li> <li>12. <input checked="" type="checkbox"/> Statement (IDS)/PTO-1449</li> <li>13. <input checked="" type="checkbox"/> Request for Priority</li> <li>14. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (1) <i>(if foreign priority is claimed)</i></li> <li>16. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small></li> <li>17. <input type="checkbox"/> Other:</li> </ul>
2. <input checked="" type="checkbox"/> Specification Total Sheets 35		
3. <input checked="" type="checkbox"/> Formal Drawing(s) Total Sheets 5		
4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 2 <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <i>(for continuation/divisional with box 17 completed)</i> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small></li> </ul> </li> </ul>		
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) <ul style="list-style-type: none"> <li>ii. <input type="checkbox"/> Paper</li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>		

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation     Divisional     Continuation-in-part (CIP)

of prior application no.: PCT/JP02/03210, filed on March 29, 2002

Prior application information: Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

#### 18. CORRESPONDENCE ADDRESS

Customer Number

22850

(703) 413-3000

FACSIMILE: (703) 413-2220

Name:	Gregory J. Maier	Registration No.:	25,599
Signature:	<i>Eckhard H. Kuesters</i>	Date:	9/11/03
Name:	Eckhard H. Kuesters Registration No. 28,070	Registration No.:	

GJM:fbl

I:\USER\FBLAZ\PCT BY-PASS\242629.UTILITY FORM.DOC

15915 US  
9/11/03

Docket No. 242629US2S CONT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ENTOR(S) Tooru TAKAHASHI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: DIAGNOSTIC X-RAY SYSTEM

**FEES TRANSMITTAL**

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	16 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	4 - 3 =	1	x \$84 =	\$84.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$750.00
			TOTAL OF ABOVE CALCULATIONS	\$834.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input checked="" type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$40.00
			TOTAL	\$874.00

Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.

A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.

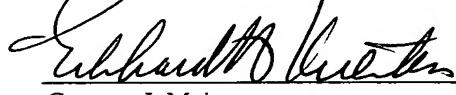
Credit card payment form is attached to cover the filing fee in the amount of **\$874.00**

The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: 9/11/03

  
Gregory J. Maier

Registration No. 25,599

Customer Number

22850

Tel. (703) 413-3000  
Fax. (703) 413-2220  
(OSMMN 05/03)

GJM:fbl

I:\USER\FBLAZ\PCT BY-PASS\242629.FEE TRANSMITTAL.DOC

Eckhard H. Kuesters  
Registration No. 28,870